Section 10
Police Report
Main Elements
Circumstances

Date of injury: Idate Time of injury: **Itime** State of injury FIPS code: InjState County of injury: County InjPlace City of injury FIPS code: Street and number of injury site: InjAddres State of death: **DthState** Injured at work: **AtWork** Type of location where injured: LocTyp

See Person/DC/Main Elements section for information regarding variable(s) appearing above.

ZIP code of injury: Zip At person's home: Reside EMS at scene: **FMS** Homeless status: Homles **Current occupation:** Occup Victim in custody when injured: Custody Alcohol use suspected: Intox Number of wounds: NumWou Number of bullets that hit victim: NumBul Wound to the head: Head Wound to the face: Face Wound to the neck: Neck Wound to the upper extremity: **UpExt** Wound to the spine: Spine Wound to the thorax: Thorax Wound to the abdomen: Abdomn Wound to the lower extremity: LowExt Person attempted suicide after incident: Suic

See Person/CME/Main Elements section for information regarding variable(s) appearing above.

Suicide Circumstances Homicide Circumstances Unintentional Circumstances

For all Person/PR/Circumstance Elements see Person/CFR-CME-PR/Circumstance Elements.